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APPLICANTS

Mark Gelfand, New York, NY;
 John O'Mahony, Hackensack, NJ;
 Howard R. Levin, Teaneck, NJ;

** CONTINUING DATA *****

This application is a DIV of 09/755,298 12/29/2000 PAT 6,706,007 *JA*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 06/03/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i>	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
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ADDRESS

23117

TITLE

Feedback control of ultrafiltration to prevent hypotension

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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